

Last Name	First Name	MI
Social Security Number		
Street Address, City, State & Zip Code (P.O. Box Numbers are not acceptable addresses)		
Telephone Numbers		
Can you, after employment, prove your right to work and permanently live in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which position are you seeking (for position definitions, please refer to the job posting): <input type="checkbox"/> Lateral Police Officer <input type="checkbox"/> Police Officer Recruit <input type="checkbox"/> Police Trainee <input type="checkbox"/> Reserve Police Officer		
Do you possess a valid POST certificate from a California police academy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

- ☐ I possess a high school diploma from a U.S. institution
☐ I passed the G.E.D. (General Educational Development) Test
☐ I passed the California High School Proficiency Examination
☐ I possess a two-year college degree
☐ I possess a four-year college or university degree
☐ I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:

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Please indicate below all the schools you have attended beginning with high school. During any background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates of Attendance		School References (teachers, counselors, etc.)
		From Mo./Year	To Mo./Year	

RESIDENCE - Please list all of your residences for the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State, Zip Code	Dates		If rented, give name & address of person responsible for the collection of rent
		From (Mo & Yr)	To (Mo & Yr)	

EXPERIENCE AND EMPLOYMENT – Beginning with your most current employment, please list all jobs (including part-time temporary and voluntary positions) you have held in the last 10 years. For identification and verification purposes, please indicate the nature of the activity (i.e., full time, part-time or voluntary). If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment	Name and address of employer	Name of supervisor
From (Mo. & Yr.)	Telephone No:	
To (Mo. & Yr.)		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties	
Reason for Leaving:		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	<div>From (Mo. & Yr.)</div> <div>To (Mo. & Yr.)</div>

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Reason for Leaving:			
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	From (Mo. & Yr.)	To (Mo. & Yr.)

<p>Would any problem result if your present employer was contacted during the course of a background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "no", when should such contact occur?</p>
<p>If you have had no prior employment, please explain in the space below.</p>
<p>Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes", please explain (include, when, name of employer, why).</p> <p>DO NOT PROVIDE ANY INFORMATION ABOUT ANY TEMPORARY OR PERMANENT DISABILITY.</p>
<p>Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes", please give details (include when, where, circumstances).</p> <p>DO NOT PROVIDE ANY INFORMATION ABOUT ANY TEMPORARY OR PERMANENT DISABILITY.</p>
<p>Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes", please give details (include when, name of agency, circumstances).</p> <p>DO NOT PROVIDE ANY INFORMATION ABOUT ANY TEMPORARY OR PERMANENT DISABILITY.</p>

Military Service

Have you ever served in the US armed forces, National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes", please supply the following information:				
Branch of Service	Service Number	Dates of Service	Type of Discharge	
Are you <i>currently</i> participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are a male under the age of 26, please provide the following:				
Selective Service Number	Approx. Date of Registration	Address at Registration		
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include branch of service, when, where, circumstances).				
Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.				
Name	Contact Address	Contact Telephone	Years Known	
			From	To

Legal

<p>If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: (An arrest resulting in participation in a diversion program, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. (Please see cover sheet for details).</p>		
Approx. Date	Police Agency	Circumstances

Have you ever been placed on court probation as an adult? ☐ Yes ☐ No
 If "yes", please give details (include when, where, why).

Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult? ☐ Yes ☐ No. If "yes", please give details (include when, where, why).

Have you ever been reported to a law enforcement agency as a missing person or a runaway?
☐ Yes ☐ No. If "yes", please give details (include when, where, name and location of court, circumstances).

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?
☐ Yes ☐ No. If "yes", please give details (include when, where, location of court, circumstances).

Motor Vehicle Operation

*Operation of a motor vehicle is an integral part of the position of patrol officer.
An investigation of your driving history will be made through a records check.
To expedite this procedure, please supply the following information:*

California driver's license number		Expiration Date	
Name under which license was granted			
Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes", please explain (include when, where, why).			
California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles.			
Company	Address	Policy Number	Date of Expiration
If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$35,000			
Please list all traffic citations (exclude parking citations) you have received within the last 5 years.			
Nature of violation	Location (city)	Approx. Date	Indicate fine or action taken on driver's license

Have you been involved as a driver in a motor vehicle accident within the last 5 years? ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details for each accident).		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
If there is anything you wish to discuss about your driving record, please use the space below.		
Has your license ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes", please give details (include what, when, where, why).		

General Information

Have you ever been refused insurance for any reason other than failure to pay a premium? <input type="checkbox"/> Yes <input type="checkbox"/> No. If “yes”, please explain (include company name and address, date and reason). Do not provide any information about past or present disabilities.		
Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No. If “yes”, please provide the following:		
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of Law Enforcement Agency
Purpose		

Relatives and References

During the course of any background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant questions.

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".		
If living, name of your	Address where person may be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
Father	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Mother	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Father In Law	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Mother In Law	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Spouse	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Former Spouse	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Former Spouse	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Sibling	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Sibling	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Sibling	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other
Step Mother	 ÿ Home ÿ Work ÿ Other	 ÿ Home ÿ Work ÿ Other

If living, name of your	Address where person may be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
Step Sibling		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
Step Sibling		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
Step Sibling		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
Other relatives with whom you have a close personal relationship (including children).		
Name & Relationship		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
Name & Relationship		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
Name & Relationship		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
Name & Relationship		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
Below, please list those individuals with whom you have resided during the last 10 years; do not list any information prior to your 15 th birthday; exclude family members.		
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other
	ÿ Home ÿ Work ÿ Other	ÿ Home ÿ Work ÿ Other

In the space below, please list as references 35 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

If living, name of your reference	Address where person may be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
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	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Financial – The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income			Current Monthly Expenditures		
Monthly Salary	\$		Real Estate Payments	\$	
Spouse's Salary			Rent		
Other monthly Income – describe			Other Monthly Expenses – describe		
	\$			\$	
			Estimated monthly cost of living (include utilities, food, gasoline, home & car maintenance, entertainment, etc. and any other obligations)		
Total Monthly Income			Total Monthly Expenses		

Current Assets			Current Liabilities		
	\$			\$	
Savings			Real Estate Indebtedness		
Checking			Long-Term Loans		
Real Estate			Charge Accounts		
Stocks and Bonds			Other Liabilities – describe		
Whole Life Insurance Cash Value <i>(Do NOT include the value of any term life insurance policy).</i>					
Autos					
Other Assets – describe					
Total Assets			Total Liabilities		

<p>Have you ever filed for or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please give details (include when, where, why).</p>
<p>Have any of your bills been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please give details (include when, firms involved, circumstances).</p>
<p>Have you ever had purchased goods repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please give details (include when, firms involved, circumstances).</p>
<p>Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes", please give details (include when, where, why).</p>
<p>Have you even been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes", please give details (include when, where, why).</p>

CERTIFICATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of El Monte to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the City any and all letters, reports and other information related to my work records and any and all other pertinent information, including personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the City, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

SIGNATURE**DATE**

**PLEASE DO NOT WRITE IN THIS BOX
FOR CITY OF EL MONTE INTERNAL USE ONLY.**

- | | |
|---|-----------------|
| <input type="checkbox"/> OTHERS' QUALIFICATIONS | OVERALL SCORE: |
| <input type="checkbox"/> EMPLOYMENT | BAND NUMBER: |
| <input type="checkbox"/> EDUCATION, TRAINING, CERTIFICATION | COMMENTS: |
| <input type="checkbox"/> INCOMPLETE | |
| <input type="checkbox"/> LATE | |
| <input type="checkbox"/> OTHER: | INITIALS & DATE |

For identification purposes and to ensure that proper records are obtained, please provide the following information. It will only be used if a background check is conducted. It will not be used during any testing or interview process. It will not affect your employment possibilities except as required by law or Court Order. In accordance with the Federal Privacy Act of 1974, social security number disclosure is voluntary.

Last Name		First Name		Middle Initial
Social Security Number			Birth Date	
Height	Weight	Hair Color	Eye Color	
Scars, tattoos or other distinguishing marks:				